

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

ADDRESS (number and street)

591 REDWOOD HWY., #4000

Check if different
than previously
reported. (ACC)

MILL VALLEY

CA

94941

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2006

through

05

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JASON D. KAUNE

Signature of Treasurer

Electronically Filed by JASON D. KAUNE

Date

06

13

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M	M	D	D	D	Y	Y	Y	Y	Y
0	5		0	1		2	0	0	6	

To:

M	M	M	D	D	D	Y	Y	Y	Y	Y
0	5		3	1		2	0	0	6	

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		225102.30
(b) Cash on Hand at Beginning of Reporting Period	270368.70	
(c) Total Receipts (from Line 19)	53168.10	200399.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	323536.80	425501.80
7. Total Disbursements (from Line 31)	59900.00	161865.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	263636.80	263636.80
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	1958.50	
	1 1 0 2 2 0 0 4	CA

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	50147.66	153087.40
(i) Itemized (use Schedule A)		
(ii) Unitemized	2922.84	46913.39
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	53070.50	200000.79
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	53070.50	200000.79
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	97.60	398.71
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	53168.10	200399.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53168.10	200399.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	265.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	265.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		20500.00	103500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		39400.00	58100.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		59900.00	161865.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		59900.00	161865.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	53070.50	200000.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53070.50	200000.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	265.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	265.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

LYNETTE Y. SNOW

Mailing Address 23 CEDAR GATE RD.

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: INC:A:23023

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)

JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LN.

City State Zip Code
LIBERTY LAKE WA 99019

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SERVICES

Occupation
V.P. & GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: INC:A:23022

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City State Zip Code
HENDERSON NV 89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23719

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

5525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23595

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23480

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723.45

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23704

Amount of Each Receipt this Period

34.45

SUBTOTAL of Receipts This Page (optional)

84.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOSEPH FREND0
Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23601

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD JONES
Mailing Address 12 WADE HAMPTON TRAIL

City State Zip Code
HENDERSON NV 89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23659

Amount of Each Receipt this Period

15.08

C. Full Name (Last, First, Middle Initial)
MR WILLIAM KELLEY, III
Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23578

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR GILBERT RAINES
Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23734

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III
Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.05

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23559

Amount of Each Receipt this Period

28.85

C. Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT
Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23497

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

63.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR CALVIN WASDYKE
Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23575

Amount of Each Receipt this Period

12.50

B. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT
Mailing Address 8174 MT AIR PL

City State Zip Code
COLUMBUS OH 43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 6

Transaction ID: INC:A:23583

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS LUCILLE ACCETTA
Mailing Address 11 ANDOVER CT

City State Zip Code
CORTLANDT MANOR NY 10567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR SALES & NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23492

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

62.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 1021 SUNSET RIDGE			Transaction ID: INC:A:23429	
City State Zip Code BRIDGEWATER NJ 08807			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP PHARM CONTRACT & CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
B. Full Name (Last, First, Middle Initial) MR STEPHEN ADLER			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 139 BELLVALE LAKES RD			Transaction ID: INC:A:23474	
City State Zip Code WARWICK NY 10990			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
C. Full Name (Last, First, Middle Initial) MARENE ALLISON			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 4405 WISMER ROAD			Transaction ID: INC:A:23754	
City State Zip Code DOYLESTOWN PA 18901			Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP SECURITY & ASSET PROTECTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00		

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JAMES ALLOCCO
Mailing Address 146 JOHNSON RD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23527

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
TEJWANSI ANAND
Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code
CHAPPAQUA NY 10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23730

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
DR ROGER ANDERSON
Mailing Address 833 OXFORD COURT

City State Zip Code
LEWISVILLE TX 75056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23749

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JAYME ANTONOPLOS
Mailing Address 417 MILLS COURT

City State Zip Code
FLORHAM PARK NJ 07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR EXEC CORR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23594

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR DAVID ARCISZEWSKI
Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23542

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS BECKIE BARATKO
Mailing Address 80 N. WOODLAND STREET

City State Zip Code
ENGLEWOOD NJ 07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23674

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR THOMAS BARATTA			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 69 SKYLINE DR			Transaction ID: INC:A:23606	
City State Zip Code UPPER SADDLE RIVER NJ 07458			Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00		
B. Full Name (Last, First, Middle Initial) MR MICHAEL BARONE			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 452 MEDWAY RD			Transaction ID: INC:A:23759	
City State Zip Code HIGHLAND HEIGHTS OH 44143			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2750.00		
C. Full Name (Last, First, Middle Initial) MRS BRENDA BASSETT			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 1752 BLACKSTONE DRIVE			Transaction ID: INC:A:23673	
City State Zip Code CARROLLTON TX 75007			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP NATL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR DAVID BAUGH Mailing Address 1813 ADONIS AVE City State Zip Code HENDERSON NV 89074 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS MGR BENEFIT DELIVERY SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23720 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS PATRICE BAVARO Mailing Address 9933 TOLEDO DRIVE NORTH City State Zip Code BROOKLYN PARK MN 55443 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MEDICARE OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23691 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR PETER BEGANS Mailing Address 1605 CHARNITA CT City State Zip Code VIENNA VA 22182 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23569 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23733

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT BENSON

Mailing Address 304 BERKSHIRE AVE

City State Zip Code
NEW MILFORD NJ 07646

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23604

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
BUFORD GA 30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23616

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) BRYAN BIRCH Mailing Address 4 WINDRUSH LANE City WESTPORT State CT Zip Code 06880 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP PRES, EMPLOYER GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2112.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23728 Amount of Each Receipt this Period 192.00
B. Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN Mailing Address 50 NEW ENGLAND DR City RAMSEY State NJ Zip Code 07446 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLIENT & MKT PROG STRAT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23556 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR KENNETH BODMER Mailing Address 15 WEISS DR City TOWACO State NJ Zip Code 07082 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23646 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

267.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City State Zip Code
 LEVITTOWN NY 11756

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23722

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)

MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City State Zip Code
 BRYN MAWR PA 19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23461

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City State Zip Code
 RICHMOND VA 23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23679

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23716

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)

MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD
PO BOX 708

City State Zip Code
COATESVILLE PA 19320

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23669

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)

MR DAVID BREEN

Mailing Address 27 SEALS DR

City State Zip Code
MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23647

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR KENNETH BROWN
Mailing Address 540 GIORDANO DRIVE

City State Zip Code
YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23458

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS VIVIAN BULGER
Mailing Address 120 EAST MAIN ST

City State Zip Code
WASHINGTONVILLE NY 10992

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23645

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
MR KEVIN BURON
Mailing Address 301 TEMPLETON CT

City State Zip Code
GRANITE BAY CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23545

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. MRS PEGEEN BUTTERFIELD

Mailing Address 23 NUTTING PLACE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEMBER STRATEGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23482

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City

MAYWOOD

State

NJ

Zip Code

07607

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23415

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

577.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23639

Amount of Each Receipt this Period

52.50

SUBTOTAL of Receipts This Page (optional)

117.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MARY CASALE
Mailing Address 822 CEDAR AVE

City State Zip Code
HADDENFIELD NJ 08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23548

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS KAREN CATHCART RUSSELL
Mailing Address 148 CLUBHOUSE DR

City State Zip Code
WEST COLUMBIA SC 29172

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23432

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH CONOSHENTI, JR
Mailing Address 5 MAGNOLIA DRIVE

City State Zip Code
MARLBORO NJ 07746

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR DUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23438

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code
NEW YORK NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23742

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23452

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23528

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS ROSELIN DANIEL
Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23620

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR KENNETH DANIELS
Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23596

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS MARY DASCHNER
Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23508

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MRS EDITH DAVIS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 386 WHITTIER AVENUE		Transaction ID: INC:A:23568	
City DUNELLEN	State NJ	Zip Code 08812	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
B. Full Name (Last, First, Middle Initial) MR DANIEL DAVISON		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 402 HIGHLAND AVE		Transaction ID: INC:A:23640	
City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PRICING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
C. Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address W62 N1032 FAIRHAVEN CT		Transaction ID: INC:A:23570	
City CEDARBURG	State WI	Zip Code 53012	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MR PAUL DENIS

Mailing Address 101 HALIFAX ROAD

City State Zip Code
 MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23655

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

MS KAREN DEZEARN

Mailing Address 3625 PATTERNSTONE DR

City State Zip Code
 ALPHARETTA GA 30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23434

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code
 TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23481

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ROBERT DOLAN
Mailing Address 9 CRANE AVENUE

City State Zip Code
WEST CALDWELL NJ 07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23621

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS MERIDITH DORNER
Mailing Address 4448 CREEK ROAD

City State Zip Code
ALLENTOWN PA 18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23444

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR H. RONALD DRIZIN
Mailing Address 17 DAYBREAK

City State Zip Code
IRVINE CA 92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23680

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MICHEL DUFRESNE Mailing Address 58 INDEPENDENCE WAY City MORRIS TWP State NJ Zip Code 07960 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2115.30			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23736 Amount of Each Receipt this Period 192.30
B. Full Name (Last, First, Middle Initial) MR DANA DUNCAN Mailing Address 72 HALLEY DR City POMONA State NY Zip Code 10970 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR ENGINEERING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23551 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR YAACOV DUSHEK Mailing Address 312 MEGAN CT City WYCKOFF State NJ Zip Code 07481 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BENEFIT DELIVERY SYS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23611 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS GEORGIA EDDLEMAN
Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723.45

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23705

Amount of Each Receipt this Period

34.45

B. Full Name (Last, First, Middle Initial)
MR MICHAEL EDWARDS
Mailing Address 109 KAREN PLACE

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23457

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR EDWARD EISENBERG, MD
Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP UTILIZATION MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23748

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

99.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City State Zip Code
 SADDLE BROOK NJ 07663

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23613

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code
 BRIARCLIFF MANOR NY 10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23752

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City State Zip Code
 UPPER GRANDVIEW NY 10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23409

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS Mailing Address 25 STONEHEDGE DR City WEST NYACK State NY Zip Code 10994 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BENEFIT DELIVERY SYS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23707 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		1	3		2	0	0	6																							
25.00																																
B. Full Name (Last, First, Middle Initial) MR EDWARD FARGIS Mailing Address 216 ELMWOOD AVENUE City HO-HO-KUS State NJ Zip Code 07423 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23729 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		1	3		2	0	0	6																							
25.00																																
C. Full Name (Last, First, Middle Initial) DR RICHARD FEIFER Mailing Address 32 EILEEN DR City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23513 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		1	3		2	0	0	6																							
50.00																																

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR THOMAS FEITEL Mailing Address 58 APPLE HILL DR City State Zip Code GILLETTE NJ 07933 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP CORP MKTG & E-COMM Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2114.53			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23546 Amount of Each Receipt this Period 192.23
B. Full Name (Last, First, Middle Initial) MR EDWARD FERACA Mailing Address 929 CANDLEWOOD LAKE ROAD SOUTH City State Zip Code NEW MILFORD CT 06776 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR E-COMM STRAT & DELIV Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23612 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 138 HEIGHTS ROAD City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23641 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

242.23

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City	State	Zip Code
RIDGEWOOD	NJ	07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23503

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE
AGOSTA ROAD

City	State	Zip Code
NEW BLOOMINGTON	OH	43341

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23587

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR KEVIN FRANCO

Mailing Address 140 BELLAIR RD
UNIT Q

City	State	Zip Code
RIDGEWOOD	NJ	07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23656

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR JOSEPH FREND0 Mailing Address 9 GREEN HILL TRAIL City State Zip Code TROPHY CLUB TX 76262 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23602 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	3	/	2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5	/	1	3	/	2	0	0	6																							
50.00																																
B. Full Name (Last, First, Middle Initial) MR ANDREW FRIEDEL Mailing Address 55 WHEELER City State Zip Code EDGEWOOD RI 02905 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR MGR POLICY & ANALYSIS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23473 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	3	/	2	0	0	6	30.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5	/	1	3	/	2	0	0	6																							
30.00																																
C. Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI Mailing Address 24 MOREHOUSE PL City State Zip Code NEW PROVIDENCE NJ 07974 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS MANAGING COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23407 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	3	/	2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5	/	1	3	/	2	0	0	6																							
50.00																																

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS PAMELA GALASSINI
Mailing Address 333 N. CANAL ST. #1804

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23715

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
MR BARNEY GALLASSIO
Mailing Address 69 LAKEVIEW DR

City State Zip Code
OLD TAPPAN NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.92

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23577

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MICHAEL GALVIN
Mailing Address 4 LONE PINE LANE

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23738

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR PETER GAYLORD
Mailing Address 1201 BRIDGE STREET

City State Zip Code
ASBURY PARK NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL EVALUATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23406

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR FRANK GENTILELLA
Mailing Address 20 BROOKSHIRE DR

City State Zip Code
ROBBINSVILLE NJ 08691

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23479

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS GILSON
Mailing Address 2 PELL FARM ROAD

City State Zip Code
SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23711

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MICHELE GLYNN

Mailing Address 26 FURMAN CT

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23624

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City State Zip Code
CANTON CT 06022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23453

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23493

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23515

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code
CONVENT STATION NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23541

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23421

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR MARK HALLORAN
Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code
LONG VALLEY NJ 07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23614

Amount of Each Receipt this Period

80.00

B. Full Name (Last, First, Middle Initial)
MR GREGORY HANSEN
Mailing Address 1659 ISABELLA PARKWAY

City State Zip Code
CHASKA MN 55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23714

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS KELLY HANZAWA
Mailing Address 1116 OAKCROFT LANE

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23683

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
 COLORADO SPRINGS CO 80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP POLICY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1889.24

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23408

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City State Zip Code
 PHOENIX AZ 85029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23462

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City State Zip Code
 SUCCASUNNA NJ 07876

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23446

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR ERIC HESS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6
Mailing Address 10 CARLTON RD		Transaction ID: INC:A:23505
City FLANDERS	State NJ	Zip Code 07836
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ENGINEERING & OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

B. Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6
Mailing Address 1 HERITAGE RD		Transaction ID: INC:A:23585
City FLORHAM PARK	State NJ	Zip Code 07932
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C. Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6
Mailing Address 974 HILLCREST ROAD		Transaction ID: INC:A:23658
City RIDGEWOOD	State NJ	Zip Code 07450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FACILITIES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN Mailing Address 9 HIRLE ST City State Zip Code CORNWALL ON HUDSON NY 12520 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23518 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK Mailing Address 49 S HILLSIDE AVE City State Zip Code ELMSFORD NY 10523 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23609 Amount of Each Receipt this Period 80.00
C. Full Name (Last, First, Middle Initial) MR WALTER HOSP Mailing Address 1 OLD LANE City State Zip Code SCARSDALE NY 10583 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP TREASURY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23562 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JANE HULSE

Mailing Address 95 GORDON RD

City State Zip Code
ESSEX FELLS NJ 07021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23644

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City State Zip Code
NEW YORK NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23411

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City State Zip Code
GAINESVILLE FL 32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23417

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR TODD JEFFREY

Mailing Address 15 ELIZABETH STREET

City State Zip Code
DUMONT NJ 07628

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23703

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MISS ANNE JOHNSTON

Mailing Address 256 MADISON AVE

City State Zip Code
RIVER EDGE NJ 07661

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23701

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City State Zip Code
HENDERSON NV 89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23660

Amount of Each Receipt this Period

15.08

SUBTOTAL of Receipts This Page (optional)

70.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CRUVE SE

City State Zip Code
PRIOR LAKE MN 55372

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23537

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City State Zip Code
MENOMONEE FALLS WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23526

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23721

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III Mailing Address 1970 WOODLANDS PL City State Zip Code POWELL OH 43065 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23579 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE City State Zip Code HACKENSACK NJ 07601 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLIENT SVC DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23435 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS LISA KETNER Mailing Address 7 POINT VIEW City State Zip Code OAKLAND NJ 07436 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MKTING & PRODUCT DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23563 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City State Zip Code
CHESTER NY 10918

FEC ID number of contributing federal political committee.

CName of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23693

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing federal political committee.

CName of Employer
MEDCO HEALTH SOLUTIONSOccupation
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23727

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)

MR JON KLINE

Mailing Address 36 CORTLAND TL

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing federal political committee.

CName of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP OPS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.94

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23723

Amount of Each Receipt this Period

50.54

SUBTOTAL of Receipts This Page (optional)

292.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City State Zip Code
BOONTON NJ 07005

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23685

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City State Zip Code
BOWLING GREEN OH 43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23451

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR RODGER KORMYLO

Mailing Address 1310 43RD AVE

City State Zip Code
KENOSHA WI 53144

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23533

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23470

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23617

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23671

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City State Zip Code
CITRUS HEIGHTS CA 95621

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23565

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23555

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS DEBRA LUDGATE

Mailing Address 238 WOODLAND AVE

City State Zip Code
SUMMIT NJ 07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CREATIVE SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23520

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CHERYL MACDONALD

Mailing Address 15011 EAGLEPARK PLACE

City State Zip Code
LITHIA FL 33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23603

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)

MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City State Zip Code
HO HO KUS NJ 07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT & CHANNEL MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23507

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City State Zip Code
GILLETTE NJ 07933

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23419

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City State Zip Code
 MENOMONEE FALLS WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23522

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City State Zip Code
 CLARKSVILLE MD 21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23489

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City State Zip Code
 SUSSEX NJ 07461

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23460

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JEFFREY MAY
Mailing Address 137 WASHINGTON AVE

City State Zip Code
HILLSDALE NJ 07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23661

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MS PATRICIA MAZZONE
Mailing Address 56 PENOBSCOT ST

City State Zip Code
CLIFTON NJ 07013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23561

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS MCDONALD
Mailing Address 0-45 27TH ST

City State Zip Code
FAIR LAWN NJ 07410

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23610

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City	State	Zip Code
HIGHLAND MILLS	NY	10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23564

Amount of Each Receipt this Period

116.00

B. Full Name (Last, First, Middle Initial)
MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City	State	Zip Code
WEST MILFORD	NJ	07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23700

Amount of Each Receipt this Period

192.31

C. Full Name (Last, First, Middle Initial)
DAVID MILLER

Mailing Address 7 CLOVER LANE

City	State	Zip Code
RANDOLPH	NJ	07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23423

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

333.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS KAREN MILLER
Mailing Address 14 ANDERSON RD

City State Zip Code
WHARTON NJ 07885

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23418

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
MR GIOVANNI MINARDI
Mailing Address 12 LINCOLN ROAD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23712

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR BHUPESH MISTRY
Mailing Address 106 HAMBURG ROAD

City State Zip Code
PARSIPPANY NJ 07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23427

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
 SHORT HILLS NJ 07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23412

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City State Zip Code
 SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23694

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
MR KEVIN MURPHY, JR

Mailing Address 105 COVENTRY LN

City State Zip Code
 TRUMBULL CT 06611

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23449

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS BECKY NAGLE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 64 WALTER AVE		Transaction ID: INC:A:23450	
City HASBROUCK HEIGHTS	State NJ	Zip Code 07604	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
B. Full Name (Last, First, Middle Initial) MR ARTHUR NARDIN		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 28 POWDERHORN DR		Transaction ID: INC:A:23663	
City KINNELON	State NJ	Zip Code 07405	Amount of Each Receipt this Period 192.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACEUTICAL CONTRACTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2112.00		
C. Full Name (Last, First, Middle Initial) MR HAIK NOVSHADIAN		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 45 DAVIS ROAD		Transaction ID: INC:A:23525	
City SPARTA	State NJ	Zip Code 07871	Amount of Each Receipt this Period 26.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00		

SUBTOTAL of Receipts This Page (optional)

243.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City State Zip Code
 RYE NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23684

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23636

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City State Zip Code
 SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23677

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS NATALYA ONIK			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 1 SCHINDLER CT			Transaction ID: INC:A:23543	
City State Zip Code UPPER SADDLE RIVER NJ 07458			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		
B. Full Name (Last, First, Middle Initial) MS ROSE OWEN			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 4108 MOUNTAIN ROAD			Transaction ID: INC:A:23571	
City State Zip Code GLEN ALLEN VA 23060			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR STATE GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		
C. Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 4 TEAK COURT			Transaction ID: INC:A:23623	
City State Zip Code RINGWOOD NJ 07456			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation EXEC DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City State Zip Code
 PARK RIDGE NJ 07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23622

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City State Zip Code
 LIVINGSTON NJ 07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23539

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR MICHAEL PETEROY

Mailing Address 18 MOUNTAIN VIEW CT

City State Zip Code
 RIVERDALE NJ 07457

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23605

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City	State	Zip Code
MAPLE GROVE	MN	55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23483

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City	State	Zip Code
MORRISTOWN	NJ	07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23420

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City	State	Zip Code
MONSEY	NY	10952

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23486

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE Mailing Address 875 ALEXANDRIA CT City State Zip Code RAMSEY NJ 07446 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2115.30		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23549 Amount of Each Receipt this Period 192.30
B. Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET Mailing Address 135 HOLLYBERRY DRIVE City State Zip Code HOPEWELL JUNCTION NY 12533 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CONTRACT ADMINISTRATION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23653 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR MARK PROULX Mailing Address 20 BRANDY RIDGE ROAD City State Zip Code SPARTA NJ 07871 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP PHARMACY & CUST SVC OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23717 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)**317.30****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS THERESA RAFKIN
Mailing Address 50 GLORIA DRIVE

City State Zip Code
ALLENDALE NJ 07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23567

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR GILBERT RAINES
Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23735

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)
MS FRANCES RAO
Mailing Address 146 JOHNSON RD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23436

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MS JOANN REED

Mailing Address 4 ANTLER CT

City State Zip Code
MATAWAN NJ 07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

719.18

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23643

Amount of Each Receipt this Period

65.38

B. Full Name (Last, First, Middle Initial)

MR DAVID REILLY

Mailing Address 1170 FIFTH AVENUE
APT # 15D

City State Zip Code
NEW YORK NY 10029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23625

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City State Zip Code
EDGEWATER NJ 07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23732

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

175.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code
MINNEAPOLIS MN 55446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23459

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code
ANDOVER NJ 07821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23731

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23500

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS DONNA ROSEN			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 7 RED OAK LANE			Transaction ID: INC:A:23654	
City State Zip Code KINNELON NJ 07405			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP OPS-CLINICAL TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
B. Full Name (Last, First, Middle Initial) MR RICHARD RUBINO			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 3103 RIO VISTA DRIVE			Transaction ID: INC:A:23650	
City State Zip Code MAHWAH NJ 07430			Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP & CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 935.00		
C. Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 21 SKY TOP RIDGE			Transaction ID: INC:A:23517	
City State Zip Code OAKLAND NJ 07436			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FORMULARY & COVERAGE MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS MARY RYAN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 456 RICHMOND AVENUE		Transaction ID: INC:A:23642	
City MAPLEWOOD	State NJ	Zip Code 07040	Amount of Each Receipt this Period 78.34
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP REGULATORY AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 861.74		
B. Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 7 AHERN WAY		Transaction ID: INC:A:23536	
City WEST ORANGE	State NJ	Zip Code 07052	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
C. Full Name (Last, First, Middle Initial) MR DAVID SCHLETT		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 339 GRAMERCY PL		Transaction ID: INC:A:23649	
City GLEN ROCK	State NJ	Zip Code 07452	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ANALYTICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional)

153.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MR ALLEN SCHWARTZ

Mailing Address 3556 DAVIS

City State Zip Code
 EVANSTON IL 60203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23455

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)

MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code
 MAPLE GROVE MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23687

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

MR LEONARD SCOTT

Mailing Address 2300 MCCUE ROAD - SUITE 212

City State Zip Code
 HOUSTON TX 77056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23580

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City State Zip Code
 WAYNE NJ 07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23439

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
 LAS VEGAS NV 89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.05

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23560

Amount of Each Receipt this Period

28.85

Full Name (Last, First, Middle Initial)

C. MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City State Zip Code
 ALLENDALE NJ 07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23426

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

93.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR FRANK SHEEHY
Mailing Address 119 HAMILTON RD

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23467

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR PETER SHERMAN
Mailing Address 139 GATES AVENUE

City State Zip Code
MONTCLAIR NJ 07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23413

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR ELWOOD SIDES III
Mailing Address 150 CLAREMONT AVE

City State Zip Code
LONG BEACH CA 90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23471

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) JEFFREY SIMEK			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 197 OXFORD RD			Transaction ID: INC:A:23544	
City State Zip Code CHESTER NY 10918			Amount of Each Receipt this Period 192.31	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2115.41		
B. Full Name (Last, First, Middle Initial) MR LEE SIMON			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 2390 GREENVIEW ROAD			Transaction ID: INC:A:23695	
City State Zip Code NORTHBROOK IL 60062			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
C. Full Name (Last, First, Middle Initial) MR JEFFREY SINKO			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 10 CHERRY TREE LANE			Transaction ID: INC:A:23574	
City State Zip Code KINNELON NJ 07405			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR WILLIAM SIRICO
Mailing Address 564 DALE COURT EAST

City State Zip Code
RIVER VALE NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23437

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
ANN SMITH
Mailing Address 437 GLENDALE RD

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
Sr Dir Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23535

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT SMITH
Mailing Address 40 JOSHUA DR T

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23670

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR DAVID SNOW, JR
Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23724

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MR ALAN SOKALER
Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23744

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
MR RALPH STAIANO
Mailing Address 32 ALDEN RD

City State Zip Code
MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23422

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

257.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City State Zip Code
WEST HARRISON **NY** **10604**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23652

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City State Zip Code
AUSTIN **TX** **78732**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23697

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City State Zip Code
EMERSON **NJ** **07630**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23490

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS SUSAN STEELE
Mailing Address 501 CONTINENTAL DR

City State Zip Code
SAGAMORE HILLS OH 44067

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23761

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS AMY STEINKELLNER
Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23523

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
DR GLEN STETTIN
Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23713

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
ORANGE CT 06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23751

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code
MARYSVILLE OH 43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23454

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code
MONTVILLE NJ 07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23696

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23651

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR MARK SULLIVAN

Mailing Address 821 SUMMIT CT

City State Zip Code
MANAKIN SABOT VA 23103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23424

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 374 KINGSTON CT

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23468

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23498

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code
LIVONIA MI 48152

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23514

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23431

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City State Zip Code
AMHERST VA 24521

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23572

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City State Zip Code
HILLSBOROUGH NJ 08844

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23702

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23509

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA Mailing Address W328 S4230 SPRING RIDGE City WAUKESHA State WI Zip Code 53188 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23762 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS Mailing Address 105 ARRANDALE RD City ROCKVILLE CENTRE State NY Zip Code 11570 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP MKTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23558 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR GORDON VICKERS Mailing Address 436 MOUNTAIN AVENUE City WESTFIELD State NJ Zip Code 07090 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23410 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR DONALD VIDIC
Mailing Address 611 REDWOOD CT

City State Zip Code
CRANBERRY TOWNSHIP PA 16066

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23566

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
MR MUNISH VIJ
Mailing Address 2108 HENRY COURT

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23739

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR DANIEL WALDEN
Mailing Address 450 BEECHMONT DR

City State Zip Code
NEW ROCHELLE NY 10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23626

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

237.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6
Mailing Address 5445 GOODWIN AVENUE		Transaction ID: INC:A:23741
City DALLAS	State TX	Zip Code 75206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES SEGMENT LEADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	

B. Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6
Mailing Address 5 APPLE ORCHARD RD		Transaction ID: INC:A:23576
City MOORESTOWN	State NJ	Zip Code 08057
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

C. Full Name (Last, First, Middle Initial) MS CATHERINE WASSON		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6
Mailing Address 26072 HARBOR VIEW		Transaction ID: INC:A:23433
City CAPISTRANO BEACH	State CA	Zip Code 92624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP NATL ACCTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)

254.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MRS KELLY WEBBER

Mailing Address 9 LOCUST ST

City State Zip Code
MONTVALE NJ 07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23553

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

MR MARK WEGRYN

Mailing Address 867 STANDISH AVE

City State Zip Code
MOUNTAINSIDE NJ 07092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR INTERNAL BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23534

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRES, CEO ACCREDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23478

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23547

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.
#17F

City

PHOENIX

State

AZ

Zip Code

85016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23425

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MR CHRISTOPHER WILSON

Mailing Address 1 RIVER COURT
APARTMENT 2809

City

JERSEY CITY

State

NJ

Zip Code

07310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONSULT SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23531

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City	State	Zip Code
VERONA	NJ	07044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23648

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City	State	Zip Code
COLUMBUS	OH	43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23584

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City	State	Zip Code
BAYSIDE	NY	11364

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INSURED SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	6

Transaction ID: INC:A:23737

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS JUDITH WOOD Mailing Address 76 COLONIAL ROAD City State Zip Code STILLWATER NY 12170 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23689 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR JORDAN WOUK Mailing Address 554 CUMBERLAND AVE City State Zip Code TEANECK NJ 07666 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23709 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY Mailing Address 793 LINCOLN AVE City State Zip Code POMPTON LAKES NJ 07442 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: INC:A:23465 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23540

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23608

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code
LEESBURG VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONSOLIDATION PLAN & RPRT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.28

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 6

Transaction ID: INC:A:23666

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 726 HIGH MOUNTAIN ROAD		Transaction ID: INC:A:23743	
City FRANKLIN LAKES	State NJ	Zip Code 07417	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
B. Full Name (Last, First, Middle Initial) ELIZABETH S. FERGUSON		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address 540 HIGHLAND AVENUE		Transaction ID: INC:A:23384	
City WESTFIELD	State NJ	Zip Code 07090-3019	Amount of Each Receipt this Period 2400.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST. GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00		
C. Full Name (Last, First, Middle Initial) WILLIAM LAGOS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address 11401 IVY HOMES PLACE		Transaction ID: INC:A:23394	
City RICHMOND	State VA	Zip Code 23233	Amount of Each Receipt this Period 1300.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation V.P., KEY ACCOUNTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional)

3725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. ANDREW MUNROE

Mailing Address 34 BERKSHIRE ROAD

City State Zip Code
 MAPLEWOOD NJ 07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VICE PRESIDENT AND COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 6

Transaction ID: INC:A:23389

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

B. MARGERY F NATHANSON

Mailing Address 100 WINSTON DRIVE, NO 16C N

City State Zip Code
 CLIFFSIDE PARK NJ 07010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SERVICES, IN-
C.

Occupation
ASSISTANT COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 6

Transaction ID: INC:A:23396

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

C. JACK A. SMITH

Mailing Address 21 DORCHESTER ROAD

City State Zip Code
 DARIEN CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS,
INC.

Occupation
SR. V.P. MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 6

Transaction ID: INC:A:23395

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6950.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR DAVID BAUGH Mailing Address 1813 ADONIS AVE City HENDERSON State NV Zip Code 89074 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation MGR BENEFIT DELIVERY SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24195 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	0		2	0	0	6																							
25.00																																
B. Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 2903 CHUKKAR COURT City PLANT CITY State FL Zip Code 33567 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24072 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	0		2	0	0	6																							
25.00																																
C. Full Name (Last, First, Middle Initial) MR WILLIS DINGLE Mailing Address 17826 ARBOR GREENE DR City TAMPA State FL Zip Code 33647 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23957 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	0		2	0	0	6																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN Mailing Address 908 EDGEMEER LANE City SOUTHLAKE State TX Zip Code 76092 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 723.45			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24179 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">34.45</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	6	34.45									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		2	0		2	0	0	6																								
34.45																																	
B. Full Name (Last, First, Middle Initial) MR JOSEPH FRENDON Mailing Address 9 GREEN HILL TRAIL City TROPHY CLUB State TX Zip Code 76262 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24078 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		2	0		2	0	0	6																								
50.00																																	
C. Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12 WADE HAMPTON TRAIL City HENDERSON State NV Zip Code 89052 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 316.68			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24135 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">15.08</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	6	15.08									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		2	0		2	0	0	6																								
15.08																																	

SUBTOTAL of Receipts This Page (optional)

99.53

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III Mailing Address 1970 WOODLANDS PL City State Zip Code POWELL OH 43065 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>525.00</div>		Date of Receipt <div>05 / 20 / 2006</div> Transaction ID: INC:A:24055 Amount of Each Receipt this Period <div>25.00</div>
B. Full Name (Last, First, Middle Initial) MR GILBERT RAINES Mailing Address 800 SANDY TRAIL City State Zip Code KELLER TX 76248 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>210.00</div>		Date of Receipt <div>05 / 20 / 2006</div> Transaction ID: INC:A:24210 Amount of Each Receipt this Period <div>10.00</div>
C. Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 266 BRUSHY CREEK AVE City State Zip Code LAS VEGAS NV 89148 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>375.05</div>		Date of Receipt <div>05 / 20 / 2006</div> Transaction ID: INC:A:24036 Amount of Each Receipt this Period <div>28.85</div>

SUBTOTAL of Receipts This Page (optional)**63.85****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE			Transaction ID: INC:A:23974	
City State Zip Code TAMPA FL 33647			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 485.00		
B. Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6	
Mailing Address 5 APPLE ORCHARD RD			Transaction ID: INC:A:24052	
City State Zip Code MOORESTOWN NJ 08057			Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.50		
C. Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6	
Mailing Address 8174 MT AIR PL			Transaction ID: INC:A:24060	
City State Zip Code COLUMBUS OH 43235			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00		

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
JOHN PATRICK DRISCOLL

Mailing Address 6 TREMONT STREET

City State Zip Code
COS COB CT 06807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
S.V.P. PRODUCT & BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: INC:A:23405

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)
BRIAN T GRIFFIN

Mailing Address 8 CEDAR AVENUE

City State Zip Code
ALLENHURST NJ 07711-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: INC:A:23404

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
SHAMUS MCGUIRE

Mailing Address 11 JARDINE CT.

City State Zip Code
MORRIS PLAINS NJ 07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS,
INC.

Occupation
SR. NATIONAL ACCOUNT EXEC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: INC:A:23402

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS LUCILLE ACCETTA

Mailing Address 11 ANDOVER CT

City State Zip Code
CORTLANDT MANOR NY 10567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR SALES & NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:23969

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City State Zip Code
BRIDGEWATER NJ 08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:23904

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City State Zip Code
WARWICK NY 10990

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:23951

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City State Zip Code
DOYLESTOWN PA 18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24231

Amount of Each Receipt this Period

35.00

B. Full Name (Last, First, Middle Initial)

MR JAMES ALLOCCO

Mailing Address 146 JOHNSON RD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24004

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code
CHAPPAQUA NY 10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24206

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City State Zip Code
LEWISVILLE TX 75056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24226

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MS JAYME ANTONOPLOS

Mailing Address 417 MILLS COURT

City State Zip Code
FLORHAM PARK NJ 07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR EXEC CORR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24071

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24019

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS BECKIE BARATKO Mailing Address 80 N. WOODLAND STREET City ENGLEWOOD State NJ Zip Code 07631 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROPOSAL UNIT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24149 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR THOMAS BARATTA Mailing Address 69 SKYLINE DR City UPPER SADDLE RIVER State NJ Zip Code 07458 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24083 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR MICHAEL BARONE Mailing Address 452 MEDWAY RD City HIGHLAND HEIGHTS State OH Zip Code 44143 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24237 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City State Zip Code
 CARROLLTON TX 75007

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24148

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City State Zip Code
 HENDERSON NV 89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24196

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS PATRICE BAVARO

Mailing Address 9933 TOLEDO DRIVE NORTH

City State Zip Code
 BROOKLYN PARK MN 55443

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24166

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City	State	Zip Code
VIENNA	VA	22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24046

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City	State	Zip Code
UPPER SADDLE RIVER	NJ	07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24209

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT BENSON

Mailing Address 304 BERKSHIRE AVE

City	State	Zip Code
NEW MILFORD	NJ	07646

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24081

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
 BUFORD GA 30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24092

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
BRYAN BIRCH

Mailing Address 4 WINDRUSH LANE

City State Zip Code
 WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRES, EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24204

Amount of Each Receipt this Period

192.00

C. Full Name (Last, First, Middle Initial)
MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24034

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR KENNETH BODMER

Mailing Address 15 WEISS DR

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24122

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City State Zip Code
LEVITTOWN NY 11756

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24198

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City State Zip Code
BRYN MAWR PA 19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23938

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS SALLIE BOWDEN
Mailing Address 5259 FISHERCREST LN

City State Zip Code
RICHMOND VA 23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24154

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
MS HEIDI BOWMAN
Mailing Address 15 DAWN LANE

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24192

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MS PATRICIA BRANUM
Mailing Address 210 FROG HOLLOW ROAD
PO BOX 708

City State Zip Code
COATESVILLE PA 19320

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24144

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

305.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR DAVID BREEN Mailing Address 27 SEALS DR City MONROE State NY Zip Code 10950 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR ANALYTICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24123 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
25.00																																
B. Full Name (Last, First, Middle Initial) MR KENNETH BROWN Mailing Address 540 GIORDANO DRIVE City YORKTOWN HEIGHTS State NY Zip Code 10598 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23935 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
50.00																																
C. Full Name (Last, First, Middle Initial) MS VIVIAN BULGER Mailing Address 120 EAST MAIN ST City WASHINGTONVILLE State NY Zip Code 10992 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24121 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
20.00																																

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR KEVIN BURON Mailing Address 301 TEMPLETON CT City GRANITE BAY State CA Zip Code 95746 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24022 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
25.00																																
B. Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD Mailing Address 23 NUTTING PLACE City WEST CALDWELL State NJ Zip Code 07006 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MEMBER STRATEGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23959 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
25.00																																
C. Full Name (Last, First, Middle Initial) MRS DOREEN CALDER Mailing Address 441 S ELM STREET City MAYWOOD State NJ Zip Code 07607 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23890 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	40.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
40.00																																

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City State Zip Code
 ALLENDALE NJ 07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24115

Amount of Each Receipt this Period

52.50

B. Full Name (Last, First, Middle Initial)
MS MARY CASALE

Mailing Address 822 CEDAR AVE

City State Zip Code
 HADDENFIELD NJ 08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24025

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City State Zip Code
 WEST COLUMBIA SC 29172

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23907

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

102.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOSEPH CONOSHENTI, JR

Mailing Address 5 MAGNOLIA DRIVE

City State Zip Code
MARLBORO NJ 07746

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR DUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:23913

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code
NEW YORK NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24218

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:23929

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24005

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24096

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24073

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MARY DASCHNER
Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23985

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MRS EDITH DAVIS
Mailing Address 386 WHITTIER AVENUE

City State Zip Code
DUNELLEN NJ 08812

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24045

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR DANIEL DAVISON
Mailing Address 402 HIGHLAND AVE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24116

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address W62 N1032 FAIRHAVEN CT			Transaction ID: INC:A:24047	
City State Zip Code CEDARBURG WI 53012			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		
B. Full Name (Last, First, Middle Initial) MR PAUL DENIS			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 101 HALIFAX ROAD			Transaction ID: INC:A:24131	
City State Zip Code MAHWAH NJ 07430			Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP CONTRACT ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		
C. Full Name (Last, First, Middle Initial) MS KAREN DEZEARN			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 3625 PATTERNSTONE DR			Transaction ID: INC:A:23909	
City State Zip Code ALPHARETTA GA 30022			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR WILLIS DINGLE Mailing Address 17826 ARBOR GREENE DR City TAMPA State FL Zip Code 33647 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23958 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
25.00																																
B. Full Name (Last, First, Middle Initial) MR ROBERT DOLAN Mailing Address 9 CRANE AVENUE City WEST CALDWELL State NJ Zip Code 07006 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BENEFIT DELIVERY SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24097 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
25.00																																
C. Full Name (Last, First, Middle Initial) MS MERIDITH DORNER Mailing Address 4448 CREEK ROAD City ALLENTOWN State PA Zip Code 18104 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23921 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City	State	Zip Code
IRVINE	CA	92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24155

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

MICHEL DUFRESNE

Mailing Address 58 INDEPENDENCE WAY

City	State	Zip Code
MORRIS TWP	NJ	07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24212

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)

MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City	State	Zip Code
POMONA	NY	10970

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24028

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MR YAACOV DUSHEK

Mailing Address 312 MEGAN CT

City State Zip Code
 WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24088

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)

MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City State Zip Code
 SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723.45

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24180

Amount of Each Receipt this Period

34.45

C. Full Name (Last, First, Middle Initial)

MR MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City State Zip Code
 WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23934

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

84.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR EDWARD EISENBERG, MD Mailing Address 128 SUMMIT AVENUE City State Zip Code UPPER MONTCLAIR NJ 07043 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP UTILIZATION MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24225 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON Mailing Address 106 GRAHAM TERRACE City State Zip Code SADDLE BROOK NJ 07663 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24089 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN Mailing Address 359 LONG HILL ROAD EAST City State Zip Code BRIARCLIFF MANOR NY 10510 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24229 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23884

Amount of Each Receipt this Period

120.00

B. Full Name (Last, First, Middle Initial)
MR YAKOV ESTERLIS

Mailing Address 25 STONEHEDGE DR

City State Zip Code
WEST NYACK NY 10994

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24182

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR EDWARD FARGIS

Mailing Address 216 ELMWOOD AVENUE

City State Zip Code
HO-HO-KUS NJ 07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24205

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) DR RICHARD FEIFER Mailing Address 32 EILEEN DR City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23990 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR THOMAS FEITEL Mailing Address 58 APPLE HILL DR City GILLETTE State NJ Zip Code 07933 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CORP MKTG & E-COMM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2114.53		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24023 Amount of Each Receipt this Period 192.23
C. Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 138 HEIGHTS ROAD City RIDGEWOOD State NJ Zip Code 07450 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24117 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

267.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23980

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE
AGOSTA ROAD

City State Zip Code
 NEW BLOOMINGTON OH 43341

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24064

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR KEVIN FRANCO

Mailing Address 140 BELLAIR RD
UNIT Q

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24132

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOSEPH FREND0
Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24079

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR ANDREW FRIEDEL
Mailing Address 55 WHEELER

City State Zip Code
EDGEWOOD RI 02905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR MGR POLICY & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23950

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH GALARDI
Mailing Address 24 MOREHOUSE PL

City State Zip Code
NEW PROVIDENCE NJ 07974

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23882

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS PAMELA GALASSINI

Mailing Address 333 N. CANAL ST. #1804

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24191

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City State Zip Code
OLD TAPPAN NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.92

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24054

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MICHAEL GALVIN

Mailing Address 4 LONE PINE LANE

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24214

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR PETER GAYLORD Mailing Address 1201 BRIDGE STREET City ASBURY PARK State NJ Zip Code 07712 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCIAL EVALUATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23881 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA Mailing Address 20 BROOKSHIRE DR City ROBBINSVILLE State NJ Zip Code 08691 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23956 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR THOMAS GILSON Mailing Address 2 PELL FARM ROAD City SADDLE RIVER State NJ Zip Code 07458 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2115.41		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24187 Amount of Each Receipt this Period 192.31

SUBTOTAL of Receipts This Page (optional)**292.31****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MS MICHELE GLYNN

Mailing Address 26 FURMAN CT

City State Zip Code
 MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24100

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)

MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City State Zip Code
 CANTON CT 06022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23930

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City State Zip Code
 BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23970

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR EDWARD GRIX		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address 525 ORANGEBURG RD		Transaction ID: INC:A:23992
City PEARL RIVER	State NY	Zip Code 10965
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM BUSINESS OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

B. Full Name (Last, First, Middle Initial) MS GINA GRUHN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address 13 WEATHER VANE DRIVE		Transaction ID: INC:A:24018
City CONVENT STATION	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C. Full Name (Last, First, Middle Initial) MR RICHARD GUIOR		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address 50 BELLEVUE AVE		Transaction ID: INC:A:23896
City SUMMIT	State NJ	Zip Code 07901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ACCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00	

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code
LONG VALLEY NJ 07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24090

Amount of Each Receipt this Period

80.00

B. Full Name (Last, First, Middle Initial)
MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City State Zip Code
CHASKA MN 55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24190

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS KELLY HANZAWA

Mailing Address 1116 OAKCROFT LANE

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24158

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 124 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
 COLORADO SPRINGS CO 80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP POLICY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1889.24

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23883

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)

MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City State Zip Code
 PHOENIX AZ 85029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23939

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City State Zip Code
 SUCCASUNNA NJ 07876

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23923

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR ERIC HESS Mailing Address 10 CARLTON RD City FLANDERS State NJ Zip Code 07836 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENGINEERING & OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23982 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON Mailing Address 1 HERITAGE RD City FLORHAM PARK State NJ Zip Code 07932 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24062 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN Mailing Address 974 HILLCREST ROAD City RIDGEWOOD State NJ Zip Code 07450 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FACILITIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24134 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN Mailing Address 9 HIRLE ST City CORNWALL ON HUDSON State NY Zip Code 12520 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23995 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	7		2	0	0	6														
25.00																							
B. Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK Mailing Address 49 S HILLSIDE AVE City ELMSFORD State NY Zip Code 10523 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INTERVENTION DELIVERY SYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24086 Amount of Each Receipt this Period <table border="1"> <tr> <td>80.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	80.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	7		2	0	0	6														
80.00																							
C. Full Name (Last, First, Middle Initial) MR WALTER HOSP Mailing Address 1 OLD LANE City SCARSDALE State NY Zip Code 10583 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP TREASURY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24039 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	7		2	0	0	6														
25.00																							

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JANE HULSE

Mailing Address 95 GORDON RD

City State Zip Code
ESSEX FELLS NJ 07021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24120

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City State Zip Code
NEW YORK NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23886

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City State Zip Code
GAINESVILLE FL 32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23892

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR TODD JEFFREY		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 15 ELIZABETH STREET		Transaction ID: INC:A:24178	
City DUMONT	State NJ	Zip Code 07628	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARM CONTRACT & CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

B. Full Name (Last, First, Middle Initial) MISS ANNE JOHNSTON		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 256 MADISON AVE		Transaction ID: INC:A:24176	
City RIVER EDGE	State NJ	Zip Code 07661	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

C. Full Name (Last, First, Middle Initial) MR RICHARD JONES		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 12 WADE HAMPTON TRAIL		Transaction ID: INC:A:24136	
City HENDERSON	State NV	Zip Code 89052	Amount of Each Receipt this Period 15.08
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.68		

SUBTOTAL of Receipts This Page (optional)

70.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD Mailing Address 16357 VICTORIA CRUVE SE City State Zip Code PRIOR LAKE MN 55372 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLIENT & MKT PROG STRAT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24014 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS BECKY KAUS Mailing Address N81 W18359 TOURS DR City State Zip Code MENOMONEE FALLS WI 53051 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24003 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR WILLIAM KEELER Mailing Address 63 MOUNTAIN GLEN ROAD City State Zip Code RINGWOOD NJ 07456 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24197 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III Mailing Address 1970 WOODLANDS PL City State Zip Code POWELL OH 43065 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24056 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE City State Zip Code HACKENSACK NJ 07601 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLIENT SVC DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23910 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS LISA KETNER Mailing Address 7 POINT VIEW City State Zip Code OAKLAND NJ 07436 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MKTING & PRODUCT DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24040 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City	State	Zip Code
CHESTER	NY	10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24168

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City	State	Zip Code
FRANKLIN LAKES	NJ	07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24203

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MR JON KLINE

Mailing Address 36 CORTLAND TL

City	State	Zip Code
MAHWAH	NJ	07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP OPS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24199

Amount of Each Receipt this Period

50.54

SUBTOTAL of Receipts This Page (optional)

292.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City State Zip Code
 BOONTON NJ 07005

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24160

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City State Zip Code
 BOWLING GREEN OH 43402

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23928

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

MR RODGER KORMYLO

Mailing Address 1310 43RD AVE

City State Zip Code
 KENOSHA WI 53144

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24010

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23947

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24093

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24146

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER Mailing Address 7017 COBALT WAY City State Zip Code CITRUS HEIGHTS CA 95621 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR STATE GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24042 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) MR ROBERT LONG Mailing Address 18 HARLIND TERRACE City State Zip Code RAMSEY NJ 07446 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24033 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE Mailing Address 238 WOODLAND AVE City State Zip Code SUMMIT NJ 07901 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CREATIVE SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23997 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS CHERYL MACDONALD Mailing Address 15011 EAGLEPARK PLACE City State Zip Code LITHIA FL 33547 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">275.00</div>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24080 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
B. Full Name (Last, First, Middle Initial) MR KENNETH MALLEY Mailing Address 764 W. SADDLE RIVER ROAD City State Zip Code HO HO KUS NJ 07423 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">550.00</div>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23984 Amount of Each Receipt this Period <div style="text-align: right;">50.00</div>
C. Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO Mailing Address 33 HICKORY TAVERN RD City State Zip Code GILLETTE NJ 07933 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">550.00</div>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23894 Amount of Each Receipt this Period <div style="text-align: right;">50.00</div>

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City	State	Zip Code
MENOMONEE FALLS	WI	53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:23999

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City	State	Zip Code
CLARKSVILLE	MD	21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:23966

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City	State	Zip Code
SUSSEX	NJ	07461

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:23937

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City State Zip Code
HILLSDALE NJ 07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24137

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City State Zip Code
CLIFTON NJ 07013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24038

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City State Zip Code
FAIR LAWN NJ 07410

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24087

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code
HIGHLAND MILLS NY 10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1276.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24041

Amount of Each Receipt this Period

116.00

B. Full Name (Last, First, Middle Initial)
MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code
WEST MILFORD NJ 07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24175

Amount of Each Receipt this Period

192.31

C. Full Name (Last, First, Middle Initial)
DAVID MILLER

Mailing Address 7 CLOVER LANE

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23898

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

333.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS KAREN MILLER
Mailing Address 14 ANDERSON RD

City State Zip Code
WHARTON NJ 07885

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23893

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
MR GIOVANNI MINARDI
Mailing Address 12 LINCOLN ROAD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24188

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR BHUPESH MISTRY
Mailing Address 106 HAMBURG ROAD

City State Zip Code
PARSIPPANY NJ 07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23902

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City	State	Zip Code
SHORT HILLS	NJ	07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP & DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	6

Transaction ID: INC:A:23887

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City	State	Zip Code
SPARTA	NJ	07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	6

Transaction ID: INC:A:24169

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MR KEVIN MURPHY, JR

Mailing Address 105 COVENTRY LN

City	State	Zip Code
TRUMBULL	CT	06611

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	6

Transaction ID: INC:A:23926

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS BECKY NAGLE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 64 WALTER AVE		Transaction ID: INC:A:23927	
City HASBROUCK HEIGHTS	State NJ	Zip Code 07604	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
B. Full Name (Last, First, Middle Initial) MR ARTHUR NARDIN		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 28 POWDERHORN DR		Transaction ID: INC:A:24139	
City KINNELON	State NJ	Zip Code 07405	Amount of Each Receipt this Period 192.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACEUTICAL CONTRACTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2112.00		
C. Full Name (Last, First, Middle Initial) MR HAIK NOVSHADIAN		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 45 DAVIS ROAD		Transaction ID: INC:A:24002	
City SPARTA	State NJ	Zip Code 07871	Amount of Each Receipt this Period 26.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00		

SUBTOTAL of Receipts This Page (optional)

243.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City State Zip Code
 RYE NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24159

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24112

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City State Zip Code
 SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24152

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS NATALYA ONIK
Mailing Address 1 SCHINDLER CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24020

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS ROSE OWEN
Mailing Address 4108 MOUNTAIN ROAD

City State Zip Code
GLEN ALLEN VA 23060

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24048

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
MS LUDIVINA PACAMARRA
Mailing Address 4 TEAK COURT

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24099

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS DAWN PAGANO Mailing Address 185 PASCACK ROAD City State Zip Code PARK RIDGE NJ 07656 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24098 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
50.00																																
B. Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE Mailing Address 12 MILLBROOK COURT City State Zip Code LIVINGSTON NJ 07039 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MARKET STRATEGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24016 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
25.00																																
C. Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY Mailing Address 18 MOUNTAIN VIEW CT City State Zip Code RIVERDALE NJ 07457 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24082 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City State Zip Code
 MAPLE GROVE MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23960

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City State Zip Code
 MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23895

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City State Zip Code
 MONSEY NY 10952

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23963

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS KARIN PRINCIVALLE
Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	6

Transaction ID: INC:A:24026

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MR ROBERT PRITCHET
Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	6

Transaction ID: INC:A:24129

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR MARK PROULX
Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	6

Transaction ID: INC:A:24193

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

317.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS THERESA RAFKIN
Mailing Address 50 GLORIA DRIVE

City State Zip Code
ALLENDALE NJ 07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24044

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR GILBERT RAINES
Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24211

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)
MS FRANCES RAO
Mailing Address 146 JOHNSON RD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23911

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MS JOANN REED

Mailing Address 4 ANTLER CT

City

MATAWAN

State

NJ

Zip Code

07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

719.18

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24119

Amount of Each Receipt this Period

65.38

B. Full Name (Last, First, Middle Initial)

MR DAVID REILLY

Mailing Address 1170 FIFTH AVENUE
APT # 15D

City

NEW YORK

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24101

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City

EDGEWATER

State

NJ

Zip Code

07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24208

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

175.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code
MINNEAPOLIS MN 55446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23936

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code
ANDOVER NJ 07821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24207

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23977

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS DONNA ROSEN Mailing Address 7 RED OAK LANE City KINNELON State NJ Zip Code 07405 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS-CLINICAL TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24130 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 3103 RIO VISTA DRIVE City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CONTROLLER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24126 Amount of Each Receipt this Period 85.00
C. Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK Mailing Address 21 SKY TOP RIDGE City OAKLAND State NJ Zip Code 07436 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FORMULARY & COVERAGE MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23994 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS MARY RYAN		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 456 RICHMOND AVENUE		Transaction ID: INC:A:24118	
City MAPLEWOOD	State NJ	Zip Code 07040	Amount of Each Receipt this Period 78.34
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP REGULATORY AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 861.74		
B. Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 7 AHERN WAY		Transaction ID: INC:A:24013	
City WEST ORANGE	State NJ	Zip Code 07052	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
C. Full Name (Last, First, Middle Initial) MR DAVID SCHLETT		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 339 GRAMERCY PL		Transaction ID: INC:A:24125	
City GLEN ROCK	State NJ	Zip Code 07452	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ANALYTICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional)

153.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ALLEN SCHWARTZ

Mailing Address 3556 DAVIS

City State Zip Code
EVANSTON IL 60203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23932

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code
MAPLE GROVE MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24162

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR LEONARD SCOTT

Mailing Address 2300 MCCUE ROAD - SUITE 212

City State Zip Code
HOUSTON TX 77056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24057

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City	State	Zip Code
WAYNE	NJ	07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	6

Transaction ID: INC:A:23914

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City	State	Zip Code
LAS VEGAS	NV	89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	6

Transaction ID: INC:A:24037

Amount of Each Receipt this Period

28.85

C. Full Name (Last, First, Middle Initial)
MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City	State	Zip Code
ALLENDALE	NJ	07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	6

Transaction ID: INC:A:23901

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

93.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR FRANK SHEEHY
Mailing Address 119 HAMILTON RD

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23944

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR PETER SHERMAN
Mailing Address 139 GATES AVENUE

City State Zip Code
MONTCLAIR NJ 07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23888

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR ELWOOD SIDES III
Mailing Address 150 CLAREMONT AVE

City State Zip Code
LONG BEACH CA 90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23948

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. JEFFREY SIMEK

Mailing Address 197 OXFORD RD

City State Zip Code
CHESTER NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24021

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

B. MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24170

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24051

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR WILLIAM SIRICO
Mailing Address 564 DALE COURT EAST

City State Zip Code
RIVER VALE NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23912

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
ANN SMITH
Mailing Address 437 GLENDALE RD

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
Sr Dir Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24012

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT SMITH
Mailing Address 40 JOSHUA DR T

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24145

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR DAVID SNOW, JR
Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24200

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MR ALAN SOKALER
Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24221

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
MR RALPH STAIANO
Mailing Address 32 ALDEN RD

City State Zip Code
MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23897

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

257.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City	State	Zip Code
WEST HARRISON	NY	10604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24128

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City	State	Zip Code
AUSTIN	TX	78732

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24172

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City	State	Zip Code
EMERSON	NJ	07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:23967

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS SUSAN STEELE

Mailing Address 501 CONTINENTAL DR

City	State	Zip Code
SAGAMORE HILLS	OH	44067

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24239

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City	State	Zip Code
ELM GROVE	WI	53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24000

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City	State	Zip Code
UPPER SADDLE RIVER	NJ	07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24189

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
ORANGE CT 06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24228

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code
MARYSVILLE OH 43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23931

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code
MONTVILLE NJ 07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24171

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24127

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR MARK SULLIVAN

Mailing Address 821 SUMMIT CT

City State Zip Code
MANAKIN SABOT VA 23103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23899

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 374 KINGSTON CT

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23945

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT Mailing Address 8362 GOLDEN PRAIRIE DRIVE City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">485.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23975 Amount of Each Receipt this Period <div style="text-align: right;">50.00</div>
B. Full Name (Last, First, Middle Initial) MS MARY THORSBY Mailing Address 17326 ELLEN DR City State Zip Code LIVONIA MI 48152 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR SPECIAL MARKETS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">700.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23991 Amount of Each Receipt this Period <div style="text-align: right;">75.00</div>
C. Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN Mailing Address 838 COLONIAL RD City State Zip Code FRANKLIN LAKES NJ 07417 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BENEFIT SYSTEMS SUPPORT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">550.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23906 Amount of Each Receipt this Period <div style="text-align: right;">50.00</div>

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City State Zip Code
AMHERST VA 24521

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24049

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City State Zip Code
HILLSBOROUGH NJ 08844

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24177

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:23986

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address W328 S4230 SPRING RIDGE			Transaction ID: INC:A:24240	
City WAUKESHA	State WI	Zip Code 53188	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 105 ARRANDALE RD			Transaction ID: INC:A:24035	
City ROCKVILLE CENTRE	State NY	Zip Code 11570	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP MKTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
C. Full Name (Last, First, Middle Initial) MR GORDON VICKERS			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 436 MOUNTAIN AVENUE			Transaction ID: INC:A:23885	
City WESTFIELD	State NJ	Zip Code 07090	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR DONALD VIDIC Mailing Address 611 REDWOOD CT City CRANBERRY TOWNSHIP State PA Zip Code 16066 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24043 Amount of Each Receipt this Period 20.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PHARM OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		
B. Full Name (Last, First, Middle Initial) MR MUNISH VIJ Mailing Address 2108 HENRY COURT City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24215 Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		
C. Full Name (Last, First, Middle Initial) MR DANIEL WALDEN Mailing Address 450 BEECHMONT DR City NEW ROCHELLE State NY Zip Code 10804 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24102 Amount of Each Receipt this Period 192.31
Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP REGULATORY & MC PROGRAMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2115.41		

SUBTOTAL of Receipts This Page (optional)

237.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE Mailing Address 5445 GOODWIN AVENUE City State Zip Code DALLAS TX 75206 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2115.41			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24217 Amount of Each Receipt this Period 192.31
B. Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD City State Zip Code MOORESTOWN NJ 08057 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:24053 Amount of Each Receipt this Period 12.50
C. Full Name (Last, First, Middle Initial) MS CATHERINE WASSON Mailing Address 26072 HARBOR VIEW City State Zip Code CAPISTRANO BEACH CA 92624 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP NATL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: INC:A:23908 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

254.81

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MRS KELLY WEBBER Mailing Address 9 LOCUST ST City MONTVALE State NJ Zip Code 07645 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CORP HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24030 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
50.00																																
B. Full Name (Last, First, Middle Initial) MR MARK WEGRYN Mailing Address 867 STANDISH AVE City MOUNTAINSIDE State NJ Zip Code 07092 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR INTERNAL BUSINESS DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:24011 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
25.00																																
C. Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH Mailing Address 309 WATERVIEW DR City FRANKLIN LAKES State NJ Zip Code 07417 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation PRES, CEO ACCREDO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2115.41		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23955 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	6	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	7		2	0	0	6																							
192.31																																

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City	State	Zip Code
SCOTTSDALE	AZ	85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24024

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.
#17F

City	State	Zip Code
PHOENIX	AZ	85016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:23900

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER WILSON

Mailing Address 1 RIVER COURT
APARTMENT 2809

City	State	Zip Code
JERSEY CITY	NJ	07310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP CONSULT SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24008

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City	State	Zip Code
VERONA	NJ	07044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24124

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City	State	Zip Code
COLUMBUS	OH	43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24061

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City	State	Zip Code
BAYSIDE	NY	11364

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INSURED SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	6

Transaction ID: INC:A:24213

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS JUDITH WOOD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 76 COLONIAL ROAD		Transaction ID: INC:A:24164	
City STILLWATER	State NY	Zip Code 12170	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
B. Full Name (Last, First, Middle Initial) MR JORDAN WOUK		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 554 CUMBERLAND AVE		Transaction ID: INC:A:24184	
City TEANECK	State NJ	Zip Code 07666	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
C. Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 793 LINCOLN AVE		Transaction ID: INC:A:23942	
City POMPTON LAKES	State NJ	Zip Code 07442	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24017

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)

MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24085

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code
LEESBURG VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONSOLIDATION PLAN & RPRT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.28

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 6

Transaction ID: INC:A:24141

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 726 HIGH MOUNTAIN ROAD		Transaction ID: INC:A:24220	
City FRANKLIN LAKES	State NJ	Zip Code 07417	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
B. Full Name (Last, First, Middle Initial) JOSIE HOECK		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 442 RITGER CIRCLE		Transaction ID: INC:A:23818	
City ALLETON	State WI	Zip Code 53002	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIRECTOR, BUSINESS SUPPORT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) SHERYL STEINBERG MACHLOWITZ		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 816 NANCY WAY		Transaction ID: INC:A:24241	
City WESTFIELD	State NJ	Zip Code 07090	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

50147.66

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 195

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City	State	Zip Code
CORTE MADERA	CA	94925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Transaction ID: INC:A:23856

Amount of Each Receipt this Period

97.60

INTEREST EARNED

SUBTOTAL of Receipts This Page (optional)

97.60

TOTAL This Period (last page this line number only)

97.60

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 174 / 195

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. BOX 45706

City
PHILADELPHIA

State
PA

Zip Code
19149

Purpose of Disbursement

011

Category/
Type

Candidate Name
ALLYSON SCHWARTZ

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: EXP:B:23021

Date of Disbursement

05 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CLAY SHAW

Mailing Address P.O. BOX 2188

City
FORT LAUDERDALE

State
FL

Zip Code
33303

Purpose of Disbursement

011

Category/
Type

Candidate Name
CLAY SHAW JR .

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: EXP:B:23017

Date of Disbursement

05 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PROSPERITY HELPS INSPIRE LIBERTY PAC

Mailing Address P.O. BOX 26366

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
OTHER

011

Category/
Type

Candidate Name
GENERAL PURPOSE COMMITTEE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:23020

Date of Disbursement

05 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. STEVE ROTHMAN FOR NEW JERSEY INC.

Mailing Address PO BOX 714

City
HACKENSACK

State
NJ

Zip Code
07602

Purpose of Disbursement

011

Category/
Type

Candidate Name
STEVEN ROTHMAN

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 09

Transaction ID: EXP:B:23018

Date of Disbursement

05 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. J.D. HAYWORTH FOR CONGRESS

Mailing Address 14300 N. NORTHSIGHT BLVD., #105

City
SCOTTSDALE

State
AZ

Zip Code
85260

Purpose of Disbursement

011

Category/
Type

Candidate Name
J.D. HAYWORTH

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 5

Transaction ID: EXP:B:23027

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1986

City
NEW BRITAIN

State
CT

Zip Code
06050

Purpose of Disbursement

011

Category/
Type

Candidate Name
NANCY L. JOHNSON

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: EXP:B:23026

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. JON KYL FOR U.S. SENATE

Mailing Address P.O. BOX 10246

City
PHOENIX

State
AZ

Zip Code
85064

Purpose of Disbursement

011
Category/
Type

Candidate Name
JON KYL

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Transaction ID: EXP:B:23028

Date of Disbursement

05 / 10 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MCCRERY FOR CONGRESS

Mailing Address 333 TEXAS ST., STE. 1900

City
SHREVEPORT

State
LA

Zip Code
71135

Purpose of Disbursement

011
Category/
Type

Candidate Name
JIM MCCRERY

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: EXP:B:23383

Date of Disbursement

05 / 15 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DON PAYNE FOR CONGRESS

Mailing Address POST OFFICE BOX 2884

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement

011
Category/
Type

Candidate Name
DONALD PAYNE

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 10

Transaction ID: EXP:B:23385

Date of Disbursement

05 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARK FOLEY

Mailing Address 1316 LAKE VICTORIA DR.

City
LAKE WORTH

State
FL

Zip Code
33461

Purpose of Disbursement

011

Category/
Type

Candidate Name
MARK FOLEY

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: EXP:B:23388

Date of Disbursement

05 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PASCRELL FOR CONGRESS

Mailing Address 17 VERNON COURT

City
WEST PETERSON

State
NJ

Zip Code
07424

Purpose of Disbursement

011

Category/
Type

Candidate Name
WILLIAM PASCRELL

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: EXP:B:23386

Date of Disbursement

05 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RYAN FOR CONGRESS

Mailing Address POST OFFICE BOX 1919

City
JANESVILLE

State
WI

Zip Code
53547

Purpose of Disbursement

011

Category/
Type

Candidate Name
PAUL D. RYAN

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: EXP:B:23387

Date of Disbursement

05 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT ARTUR DAVIS TO CONGRESS

Mailing Address P.O. BOX 1845

City
BIRMINGHAM

State
AL

Zip Code
35201

Purpose of Disbursement

011

Category/
Type

Candidate Name
ARTUR DAVIS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 7

Transaction ID: EXP:B:23397

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SCOTT GARRETT FOR CONGRESS

Mailing Address P.O. BOX 905

City
NEWTON

State
NJ

Zip Code
07860

Purpose of Disbursement

011

Category/
Type

Candidate Name
E. SCOTT GARRETT

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 05

Transaction ID: EXP:B:23815

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2021 E. DUBLIN GRANVILLE ROAD, SUI

City
COLUMBUS

State
OH

Zip Code
43229

Purpose of Disbursement

011

Category/
Type

Candidate Name
PATRICK JOSEPH TIBERI

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: EXP:B:23816

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

20500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR CAREY

Mailing Address 401 S. ARKANSAS AVENUE

City WELLSTON State OH Zip Code 45692

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23764

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR DEWINE

Mailing Address 506 CRISPWIND COURT

City FAIRBORN State OH Zip Code 45324

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23767

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR GEOFFREY SMITH

Mailing Address 1479 CLIFF COURT #B

City COLUMBUS State OH Zip Code 43204

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23777

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR STIVERS

Mailing Address 2500 SHERWIN RD.

City COLUMBUS State OH Zip Code 43221

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23778

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE FOR JON M. PETERSON

Mailing Address 178 HILLSIDE DRIVE

City DELAWARE State OH Zip Code 43012

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23773

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE FOR LARRY FLOWERS

Mailing Address 14 E. Gay St., 2nd Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23768

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT BILL HARRIS

Mailing Address 1238 TOWNSHIP ROAD

City ASHLAND State OH Zip Code 44805

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23769

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO STATE REPRESENTATIVE JOYCE BEATTY

Mailing Address 233 S. HIGH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23763

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. ELECT CLANCY COMMITTEE

Mailing Address 3675 W. GALBRAITH ROAD # 16

City CINCINNATI State OH Zip Code 45247

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23766

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GARY CATES

Mailing Address 6542 SEMINOLE DRIVE

City
WEST CHESTER

State
OH

Zip Code
45069

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: OH

District: 04

Transaction ID: EXP:B:23765

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. HOUSE DEMOCRATIC CAUCUS FUND

Mailing Address 271 EAST STATE ST.

City
COLUMBUS

State
OH

Zip Code
43215

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP:B:23779

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HUSTED FOR State Representative

Mailing Address 148 SHERBROOKE DRIVE

City
KETTERING

State
OH

Zip Code
45429

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP:B:23771

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. OHIO REPUBLICAN HOUSE CAMPAIGN COMMITTEE

Mailing Address 211 S. FIFTH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23774

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. OHIO REPUBLICAN SENATE CAMPAIGN COMMITTEE

Mailing Address 211 S. FIFTH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23775

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. OHIO SENATE DEMOCRATIC CAUCUS FUND

Mailing Address 271 E. STATE STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP:B:23776

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. REDFERN 2006

Mailing Address 3750 ROGER DR.

City
PORT CLINTON

State
OH

Zip Code
43452

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION 2006

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: OH

District:

GENERAL 2006

Transaction ID: EXP:B:23780

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. ASSEMBLY REPUBLICAN VICTORY '07

Mailing Address PO BOX 154

City
SKILLMAN

State
NJ

Zip Code
08558

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23810

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. ASSEMBLYMAN HERB CONOWAY

Mailing Address 907 MORGAN AVE.

City
PALMYRA

State
NJ

Zip Code
08065

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23784

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

4150.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 185 / 195

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. BARBARA BUONO FOR SENATE

Mailing Address 75 WOODBRIDGE AVE.

City METUCHEN State NJ Zip Code 08840

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP:B:23783

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Amount of Each Disbursement this Period

500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. BOB GORDON FOR ASSEMBLY

Mailing Address 654 PLAZA RD. NORTH

City FAIRLAWN State NJ Zip Code 07410

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP:B:23788

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Amount of Each Disbursement this Period

500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. BOB MARTIN FOR SENATE

Mailing Address P.O. BOX 3171

City SEA BRIGHT State NJ Zip Code 07760

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP:B:23793

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Amount of Each Disbursement this Period

500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. CONNERS FOR ASSEMBLY

Mailing Address 907 MORGAN AVE

City
PALMYRA

State
NJ

Zip Code
08065

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23785

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC ASSEMBLY CAMPAIGN COMMITTEE

Mailing Address PO BOX 3712

City
TRENTON

State
NJ

Zip Code
08629

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23811

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. DR. ERIC MUNOZ FOR ASSEMBLY

Mailing Address 121 OAK RIDGE AVE

City
SUMIT

State
NJ

Zip Code
07901

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23796

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

4750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. EFO JOAN QUIGLEY

Mailing Address 384 FAIRMOUNT AVE

City
JERSEY CITY

State
NJ

Zip Code
07306

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23801

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. ELECTION FUND OF ALEX DECROCE

Mailing Address 101 GIBRALTAR DRIVE, SUITE 1B

City
MORRIS PLAINS

State
NJ

Zip Code
07950

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23787

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. ELECTION FUND OF ASSEMBLYWOMAN CHARLOTTE VANDERVALK

Mailing Address 177 ROOSEVELT AVE

City
WESTWOOD

State
NJ

Zip Code
07675

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23808

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. ELECTION FUND OF JOHN MCKEON FOR ASSEMBLY

Mailing Address 7 WOODHULL AVENUE

City
WEST ORANGE

State
NJ

Zip Code
07052

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23794

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. ELECTION FUND OF KEVIN J. O'TOOLE

Mailing Address PO BOX 125

City
CLIFFSIDE PARK

State
NJ

Zip Code
07010

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23798

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. ELECTION FUND OF NILSA CRUZ-PEREZ

Mailing Address PO BOX 3235

City
CAMDEN

State
NJ

Zip Code
08101

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23786

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 189 / 195

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. ELECTION FUND OF PAUL A. SARLO

Mailing Address 9 LINCOLN AVE

City
RUTHERFORD

State
NJ

Zip Code
07070

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23804

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. ELECTION FUND OF ROBERT W. SINGER

Mailing Address 3 NORTH DAKOTA CT.

City
JACKSON

State
NJ

Zip Code
08527

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23805

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. ELECTION FUND OF SENATOR HANK MCNAMARA

Mailing Address 187 PATTERSON AVE.

City
MIDLAND PARK

State
NJ

Zip Code
07432

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23795

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. ELECTION FUND OF SHEILA OLIVER

Mailing Address PO BOX 376

City
MONTCLAIR

State
NJ

Zip Code
07042

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP:B:23797

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE RUSSO

Mailing Address PO BOX 22

City
MIDLAND PARK

State
NJ

Zip Code
07432

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP:B:23803

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DIANE ALLEN

Mailing Address 650 MYRTLE AVE.

City
THORFARE

State
NJ

Zip Code
08086

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP:B:23782

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 191 / 195

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF RONALD L. RICE SENATE CAMPAIGN

Mailing Address P.O. BOX 20037

City
NEWARK

State
NJ

Zip Code
07101

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP:B:23802

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. JERRY GREEN FOR ASSEMBLY

Mailing Address 1460 PROSPECT AVE

City
PLAINFIELD

State
NJ

Zip Code
07060

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP:B:23789

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. JOE PENNACCHIO FOR ASSEMBLY

Mailing Address PO BOX 398

City
CEDAR KNOLLS

State
NJ

Zip Code
07927

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP:B:23800

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. KARCHER FOR SENATE

Mailing Address 86 COURT ST.

City
FREEHOLDState
NJZip Code
07728

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23790

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. MADDEN FOR SENATE

Mailing Address P.O. BOX 4028

City
LINDONWOLDState
NJZip Code
08021

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23791

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. MANZO FOR ASSEMBLY

Mailing Address PO BOX 3945

City
JERSEY CITYState
NJZip Code
07303

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23792

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. PANTER FOR ASSEMBLY

Mailing Address 457 SYCAMORE AVE

City
SHREWSBURY

State
NJ

Zip Code
07702

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23799

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. SAM THOMPSON FOR ASSEMBLY

Mailing Address 5 LINCROFT AVE

City
OLD BRIDGE

State
NJ

Zip Code
08857

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23806

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. SENATE DEMOCRATIC MAJORITY

Mailing Address 194-196 WEST STATE STREET

City
TRENTON

State
NJ

Zip Code
08608

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2007

☐ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:23813

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 194 / 195

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. SENATE REPUBLICAN MAJORITY

Mailing Address 370 TALL TREE COURT

City
JACKSONState
NJZip Code
08527

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ President

State: NJ

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP:B:23812

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Amount of Each Disbursement this Period

3000.00

011
Category/ Type

B. VAN DREW FOR ASSEMBLY

Mailing Address PO BOX 941

City
CAPE MAY COURT HOUState
NJZip Code
08210

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ President

State: NJ

District:

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:23807

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Amount of Each Disbursement this Period

500.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

39400.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLPNature of Debt (Purpose):
LEGAL/ACCOUNTING FEES

Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000

City State ZIP Code
MILL VALLEY CA 94941

Outstanding Balance Beginning This Period

0.00

Transaction ID: PAY:D:24246

Amount Incurred This Period

1958.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1958.50

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1958.50

2) **TOTALS** This Period (last page this line number only)..... ▶

1958.50

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶